

ARIZONA DEPARTMENT OF ECONOMIC SECURITY  
Division of Developmental Disabilities

## RISK ASSESSMENT/PLAN BACK-UP CONTACT SHEET

### INDICATE PRIORITY:

Priority I ☐ Fill gap within 2 hours

Priority II ☐ Needs services today

Priority III ☐ Fill gap within 48 hours

Priority IV ☐ Next scheduled visit

INDIVIDUAL'S NAME ( <i>Last, First, M.I.</i> )	AHCCCS ID NO.	DATE
INDIVIDUAL'S ADDRESS ( <i>No., Street, City, State, ZIP</i> ) ( <i>Cross streets</i> )	DATE OF BIRTH	PHONE NO.

#### Services:

AUTHORIZED PROVIDER	PHONE NO.
AGENCY CONTACT PERSON	PHONE NO.

#### Hours service is to be provided:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

#### Services:

AUTHORIZED PROVIDER	PHONE NO.
AGENCY CONTACT PERSON	PHONE NO.

#### Hours service is to be provided:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

#### Services:

AUTHORIZED PROVIDER	PHONE NO.
AGENCY CONTACT PERSON	PHONE NO.

#### Hours service is to be provided:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

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Equal Opportunity Employer/Program ♦ Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI & VII), and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, and the Age Discrimination Act of 1975, the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, and disability. The Department must make a reasonable accommodation to allow a person with a disability to take part in a program, service or activity. For example, this means if necessary, the Department must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. It also means that the Department will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program of activity because of your disability, please let us know of your disability needs in advance if at all possible. To request this document in alternative format or for further information about this policy, contact the Division of Developmental Disabilities ADA Coordinator at (602) 542-6825; TTY/TTD Services: 7-1-1.